

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
CLAIMING BENEFIT OF PROVISIONAL APPLICATION(S)



Atty. Docket No. CCF-6448NP

As a below inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **APPARATUS AND METHOD FOR AUTO-RETROPERFUSION OF A CORONARY VEIN**, the specification of which:

(check one) ☐ is attached hereto.

☒ was filed on February 25, 2004

as Application Serial No. 10/786,788

and was amended on _____

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §119 of any provisional application(s) listed below and have also identified below any provisional application(s) having a filing date before that of the application on which priority is claimed:

Prior Provisional Application(s):

60/449,883

(Number)

25 February, 2003

(Day/Month/Year Filed)

Priority Claimed

☒ Yes ☐ No

(Number)

(Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status-patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status-patented, pending, abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following attorneys: Thomas L. Tarolli, Reg. No. 20,177; Robert B. Sundheim, Reg. No. 20,127; Calvin G. Covell, Reg. No. 24,042; Barry L. Tummino, Reg. No. 29,709; James L. Tarolli, Reg. No. 36,029; Richard S. Wesorick, Reg. No. 40,871; Richard A. Sutkus, Reg. No. 43,941; Matthew M. Shaheen, Reg. No. 45,367; Gary J. Pitzer, Reg. No. 39,334; Christopher P. Harris, Reg. No. 43,660; and Mark G. Bloom, Reg. No. 35,068, each with full powers of substitution and revocation to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.

526 SUPERIOR AVENUE, SUITE 1111

CLEVELAND, OHIO 44114-1400

DIRECT TELEPHONE CALLS TO:

RICHARD S. WESORICK, (216) 621-2234

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1) Full name of sole or first inventor JOSE L. NAVIA

Inventor's signature [Signature]

Residence SHAKER HEIGHTS, OH-44122

Post Office Address 2702 CRANLYN ROAD, SHAKER HEIGHTS, OH-44122

Date 03/16/04

Citizenship USA ARGENTINE

County CUYAHOGA

2) Full name of second inventor JOSE ANTONIO NAVIA

Inventor's signature _____

Residence BUENOS AIRES, ARGENTINA

Post Office Address 1308 SUIPACHA, APT. 4B, BUENOS AIRES, ARGENTINA 1011

Date _____

Citizenship ARGENTINE



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***APPARATUS AND METHOD FOR AUTO-RETROPERFUSION OF A CORONARY VEIN**

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1) Full name of sole or first inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

County _____

2) Full name of second inventor JOSE ANTONIO NAVIA

Inventor's signature Jose Antonio Navia

Date 07/15/2004

Residence BUENOS AIRES 1308

Citizenship ARGENTINA

Post Office Address BUENOS AIRES 1011



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Atty. Docket No. *
Page 2 of 2

3) Full name of third inventor

JORGE JORDANA

Inventor's signature

JJ

Residence

AV. LIBERTAD 24980

Post Office Address

BUENOS AIRES ARGENTINA

Date

7/15/04

Citizenship

CANADA

County